

**KENTUCKY STATE BOARD OF EXAMINERS IN PSYCHOLOGY
CONTINUING EDUCATION COMMITTEE**

The State Board of Psychology and its Continuing Education Committee will use the following criteria in approving any program for continuing education credit. Please be sure that all of these criteria are addressed in your application form or its attachments.

Applications must be submitted thirty (30) days prior to the course date.

- 1. The program has a clearly stated purpose and defined content area consistent with the overall goals of continuing education, namely, improvement of professional competency, acquisition of new skills and knowledge, and strengthening habits of critical inquiry and balanced judgment.*
- 2. The presenters must be professionals qualified in the defined content area.*
- 3. The program's time must be clearly stated in number of hours of attendance.*
- 4. The number of hours requested for approval must be indicated on the form.*
- 5. Attendance must be recorded by the program sponsor.*
- 6. Documentation of completion must be provided to the participant.*
- 7. Participants must be required to complete an evaluation of the program.*
- 8. The program sponsor should send a program syllabus, sample evaluation form, program outline, vitae of presenters, and a copy of the certificate for participants with the application form.*

**KENTUCKY STATE BOARD OF EXAMINERS IN PSYCHOLOGY
CONTINUING EDUCATION PROGRAM APPLICATION**

SPONSOR NAME AND ADDRESS:

TITLE OF PROGRAM:

INSTRUCTOR(S)

LOCATION OF PROGRAM

OFFERING:

DATE: _____ **TIME:** _____ **NUMBER OF HOURS REQUESTED FOR APPROVAL:**

EDUCATIONAL OBJECTIVES: Briefly describe ways that your program would contribute to one or more of the following definitions of "continuing education": a) improvement of the license or certificate holder's professional knowledge; b) acquisition of new skills and knowledge that would help maintain competence; or c) strengthening of the habits of critical inquiry and balanced judgment:

What are the specific educational objectives of your program: _____

CONTENT, ACTIVITIES AND MATERIALS:

EVALUATION PROCEDURES: (Attach copy of evaluation form to be used)

INTENDED AUDIENCE:

INTENDED NUMBER OF PARTICIPANTS:

SIGNED: _____

****NOTE: SEND THIS APPLICATION FORM WITH A FEE OF \$50.00 MADE PAYABLE TO "KENTUCKY STATE TREASURER" TO:**

STATE BOARD OF PSYCHOLOGY
PO BOX 1360
FRANKFORT, KY 40602

FOR BOARD USE ONLY

APPROVAL: _____

DENIED: _____

DATE: _____

DATE: _____

NO. OF HOURS: _____

REASON: _____
